

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		1				
4		2				
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TOTAL IND.

2



TOTAL DEP.

8



TOTAL CLAIMS

10



TOTAL IND.

2



TOTAL DEP.

2



TOTAL CLAIMS

2

